

AUG 29 2016

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

RECEIVED

- Mr.
- Mrs.
- Ms.
- Miss

Little River Memorial Hospital

Claimant

vs.

State of Arkansas, Respondent

Do Not Write in These Spaces	
Claim No.	17-0155-CC
Date Filed	August 29, 2016
	(Month) (Day) (Year)
Amount of Claim \$	\$23,883.00
Fund	DOH

AR Dept. of Health

COMPLAINT

Reissuance of Warrant (Check)
1510992237

Little River Memorial Hospital, the above named Claimant, of

451 W. Locke St. Ashdown, AR 71822
(Street or R.F.D. & No.) (City)

(State) (Zip Code) (Daytime Phone No.)

County of

represented by

(Legal Counsel, if any, for Claim)

of

(Street and No.)

(City)

(State)

(Zip Code)

(Phone No.)

(Fax No.)

says:

State agency involved:

Amount sought:

Month, day, year and place of incident or service:

Explanation: This claim is being filed for the reissuance of warrant #1510992237, dated June 15, 2015, payable to Little River Memorial Hospital in the amount of \$23,883.00 payable from AR Dept. of Health. This warrant was not presented to the state treasurer for redemption during the legal redemption period.

Warrant or necessary papers for reissuing lost warrant(s) (checks) is/are attached to and made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on August 8, 2016.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof?

Yes or No; when? (Month) (Day) (Year); to whom? (Department)

and that the following action was taken thereon:

and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim? if so, state name and address

(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

and that the nature thereof is as follows:

and was acquired on, in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.

Jackie Rainey
(Print Claimant/Representative Name)

(Signature of Claimant/Representative)

SWORN TO and subscribed before me at

Ashdown

AR

(City)

(State)

On this

23 day of

August

2016

(Date)

(Month)

(Year)



(Signature of Notary Public)

(Notary Public)

My Commission Expires:

11-01-2025

(Month)

(Day)

(Year)

ARKANSAS STATE CLAIMS COMMISSION
Phone #682-1619 - Fax #682-2823
NOTICE OF LOST OUTDATED WARRANT(S)

Part I

The records of the Health Agency of Arkansas, Phone # 501-280-4480

Agency Address 4815 W. Markham, Little Rock AR 72205

Reflect that Little River Memorial Hospital,

451 W. Locke St., Ashdown

Payee's Address AR, 71822-3325, was/were issued

State AR, Zip Code 71822-3325

State Warrant number 1510992237, dated 6/15/2015

in the amount of \$ 23,883.00, the same being in payment

of Voucher No. 51525910, Agency No. 0045

Appropriation No. _____, Character Code 510:00:04

Fund Code BAA0300, Social Security No. _____, or

if corporation-Federal Tax ID No. _____

Also, please furnish your current Business Area 0045 Fund Code BAA0300 Cost Center 610076

Group _____ & Fund Center 59TE

Rose Ann Carter Foster
Agency Disbursing Officer's Full Name (please print)

Rose Ann Carter Foster
Agency Disbursing Officer's Signature

Part II

STATEMENT OF FORGERY
(FORGED WARRANTS ONLY)

I/We _____, state that:

- _____ 1. I/we received and lost.
- _____ 2. I/we did not receive, endorse nor cash.
- _____ 3. I/we have not authorized another person to sign my/our name(s) to the warrant.
- _____ 4. I/we have no knowledge of the whereabouts of the warrant or of any other Person having received, cashed or endorsed the warrant.
- _____ 5. When this warrant was cashed, the endorsement was a forgery.

**ARKANSAS STATE CLAIMS COMMISSION
Reissuance of Out-Dated Warrants**

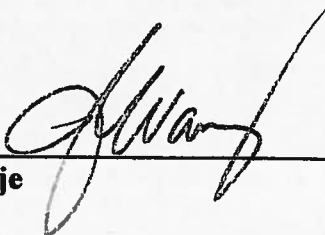
Date: 8/8/2016

Warrant: 1510992237

Name of Payee: Little River Memorial Hospital

Amount: \$23,883.00

Upon checking with Larry of AOS/Data Processing Division, I was informed that this warrant was outlawed and no duplicate warrant had been issued. We also checked our (Claims Commission) records to verify that there has been no reissuance by this office and there was none.


je

STATE CLAIMS COMMISSION DECREE
OPINION

Amount of Claim \$ 23,883.00

Claim No. 17-0155-CC

Little River Memorial Hospital Claimant
vs.

Attorneys Pro se Claimant

Department of Health Respondent
State of Arkansas

Rose Ann Foster, Disbursing Officer Respondent

Date Filed August 29, 2016

Type of Claim Reissuance of warrant

FINDING OF FACTS

This claim was filed requesting reissuance of outdated warrant(s) No.1510992237. Warrant is still outstanding and no duplicate has been issued.

The Claims Commission hereby unanimously allows this claim in the amount of \$23,883.00 and will include the claim in a claims bill to the 91st General Assembly, Arkansas State Legislature 2016, for subsequent approval and payment.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION
Upon consideration of all the facts, as stated above, the Claims Commission hereby unanimously allowed this claim in the amount of \$23,883.00 and will include the claim in a claims bill to be submitted to the 91st General Assembly, Arkansas State Legislature 2016 for subsequent approval and payment.

Date of Hearing September 15, 2016

Date of Disposition September 15, 2016

[Signature] Chairman
[Signature] Commissioner
[Signature] Commissioner

**Appeal of any final Claims Commission decision is only to the Arkansas General Assembly as provide by Act #33 of 1997 and as found in Arkansas Code Annotated §19-10-211.